SERVICE REPRESENTATIVE APPOINTMENT

License/Appointment Fee:

(Multiple Service Representatives) \$50.00 (per Service Representative)

For additional information, please visit: www.aldoi.gov

Mail to: Alabama Department of Insurance P. O. Box 303351

Indicate Amount Enclosed:	
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Montgomery, Alabama 36130-3351		
Company NAIC#	Lines of Insurance:	P – Property C – Casualty
Company Name		PL – Personal Lines A – Automobile
		IF – Industrial Fire

The above-named insurer hereby desires the individuals identified below to be appointed to represent said insurer for the lines of authority indicated below as Service Representatives. We have investigated the character and background of these individuals and are satisfied the individuals are trustworthy and qualified to act as our service representatives, and we endorse the individuals as being of good business standing and character. We are familiar with the federal law (18 USC § 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance. We understand it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance.

Our investigation consisted (Mark ⊠ as applicable. DO NOT LEAVE BLANK.)	Ŭ
Personal Interview	Background Investigation (by insurer)
Employment Application	☐ Background Investigation
Consumer Credit Report	(by outside firm)
Other (Please describe)	

- Payment must be in the form of a company check and should be made payable to "State of Alabama, Commissioner of Insurance." Personal checks and money orders will not be accepted.
- Service Representatives must first go to www.nipr.com and apply for an Alabama Service Representative License.
- A company may appoint as many as 9 different Service Representatives with this form.
- Please indicate the National Producer Number, full name and Alabama license number for each service representative the company is appointing.
- Indicate line(s) of insurance for which the company is appointing by the letter(s) associated with that line.
- Please complete and return this form and the total amount due to the address above.

NPN	NAME – LAST, JR/SR, FIRST, MIDDLE	ALABAMA PRODUCER LIC #	LINE(S)
Original Signature of Authorized Company Offic	ial	Type or print name of authorized company official	
Address		()Phone	
Audiess		riione	
City/State/Zip		() FAX	